

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/037,097
	Filing Date	12/31/2001
	First Named Inventor	John D. Puterbaugh
	Art Unit	2654
	Examiner Name	Martin Lerner
	Attorney Docket Number	16759-0003001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;
- the practitioners (with registration numbers) of record listed on the attached paper(s); or
- the practitioners of record associated with Customer Number: 26161

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- 10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)
- 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)
- 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)
- 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number:

OR

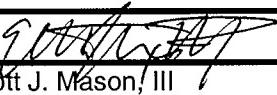
B. Inventor or
Assignee name Nellymoser, Inc.

Address 11 Water Street

City Arlington	State MA	Zip 02476	Country USA
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Telephone (781) 646-1515	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name Elliott J. Mason, III	Registration No. 56,569
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Address 225 Franklin Street, Suite 3100

City Boston	State MA	Zip 02110	Country USA
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Date 2-23-09	Telephone No. 617-542-5070
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NOTE: Withdrawal is effective when approved rather than when received.